PTO/SB/17 (07-07)
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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/088,686			
FEE TRANSMITTAL				<u> </u>		March 21, 2002			
For FY 2007						Antonius EMMERINK			
101112007						R. B. Abelson			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2616			
TOTAL AMOUNT OF PAYME	NT	(\$) 450.00		Attorney Docket No.		449122025100			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION							 		
1. BASIC FILING, SEARCH	I, AND EXA	MINATION FE	ES						
	FILI	NG FEES	SE	ARCH FEES	EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300	150	500	250	200	100	1 000	<u> </u>	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES	200	100	v	Ü	Ū	Ū		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims		,					360	180	
Total Claims					<u>N</u>	Multiple Dependent Claims			
11 -20 = 0 x = <u>Fe</u>						ee (\$) <u>F</u>	ee Paid (<u>\$)</u>	
HP = highest number of total cla	ims paid for, if	greater than 20.					-		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
	<u>0 </u>								
HP = highest number of indepen		id for, if greater tha	ın 3.						
3. APPLICATION SIZE FEI		1 100 -1 4	· C	(14:14	' 11 4	C1			
If the specification and dr listings under 37 CFR								'n	
sheets or fraction there					or sinuir	cinity) for each ac	antional 5	•	
	xtra Sheets			additional 50 or frac	tion there	of Fee (\$)	Fee	Paid (\$)	
- 100 = /50 = (round up to a whole number) x									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month						onth	4	50.00	
SUBMITTED BY			7						
Signature Registration No. (Attorney/Agent) 43,636						Telephone	Telephone (703) 760-7753		
Name (Print/Type) Deborah S. Gladstein						Date	Date August 6, 2007		
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PTO/SB/22 (04-07)

Approved for use through 09/30/2007, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 449122025100 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) **Application Number** 10/088,686 Filed March 21, 2002 COMMUNICATIONS SYSTEM Art Unit 2616 Examiner R. B. Abelson This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Small Entity Fee** Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 Two months (37 CFR 1.17(a)(2)) \$225 \$450 450.00 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting onder 37 CFR 1.34 August 6, 2007 Signature Date Deborah S. Gladstein (703) 760-7753 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Total of

450.00 DA

forms are submitted.